PART B -	FEE(S) TRANSMITTAL



Complete anti send this form together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

1	,0,		V. <u>.</u>	LHA (105) 140 4000					
INSTRUCTIONS: Tars for appropriate. All further educated unless corrected the maintenance fee notification	m should be used for tran respondence including the l selow of directed otherwise is.	smitting the ISSUE Patent, advance ord in Block 1, by (a)	FEE and ers and noti specifying a	PUBLICATION FEE (if requipolation of maintenance fees was new correspondence address)	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep-	hould be completed whe correspondence address arate "FEE ADDRESS" f			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal. The papers. Each additional	Note: A certificate of mailing can only be used for domestic mailings of t Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must be a supplementary of the supp				
22879 75	90 08/12/2004		have its own certificate	have its own certificate of mailing or transmission.					
P O BOX 272400, INTELLECTUAL	KARD COMPANY 3404 E. HARMONY I PROPERTY ADMINI		Cer I hereby certify that the States Postal Service ve addressed to the Mai transmitted to the USP	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelo addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.					
FORT COLLINS, CO 80527-2400 1/17/2004 TBESHAH2 00000118 082025 09183819				1000 1 7					
4 PA APA				Nichole Daun Perry (Signatur					
1 FC:1501				November 12, 2004 () (Dat					
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/183,819	10/30/1998		THOMAS H. BAKER		60980005DXH9	3549			
FITLE OF INVENTION: C	OLOR-CALIBRATION SE	NSOR SYSTEM FO	OR INCREM	MENTAL PRINTING					
APPLN. TYPE	APPLN. TYPE SMALL ENTITY		Ε	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1330		\$0	\$1330 11/12/2004 \$1370				
EXAM	ART UNIT		CLASS-SUBCLASS	μιοιο 					
HUFFMAN	2853		347-019000	•					
I. Change of correspondence CFR 1.363).	address or indication of "Fe	ee Address" (37		ting on the patent front page, li	i Doto-	Tilisomo			
•	ence address (or Change of C 22) attached.	Согтевропленсе	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a						
	on (or "Fee Address" Indicat or more recent) attached. Use		registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
B. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TH	IE PATENT	(print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed 1 recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Hewlett-Packard Development Company, L.P. Houston, Texas									
Please check the appropriate	assignee category or categor	ries (will not be prin	ted on the pa	atent); 🔾 individual 🖼 c	σrporation or other private gr orporation or other priva	oup entity 🚨 governme			
la. The following fee(s) are	enclosed:		Payment of	``					
Issue Fee		Ţ	A check in	the amount of the fee(s) is enc	losed.				
,	nall entity discount permitted	•	•	t card. Form PTO-2038 is attached.					
☑ Advance Order - # of 0	Copies	I	The Direct Deposit Accord	tor is hereby authorized by chount Number 08-2025	arge the required fee(s), or (enclose an extra c	credit any overpayment, opy of this form).			
. Change in Entity Status	(from status indicated above			. 					
a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	b. Applica	nt is not claiming SMALL ENT	ITY status. See, e.g., 37 CF	R 1.27(g)(2).			
NOTE: The Issue Fee and Pu		vill not be accepted f	from anyone	y) or to re-apply any previously other than the applicant; a regi	• • • • • • • • • • • • • • • • • • • •				
Authorized Signature	manar	(Date) No	vemb	er 12, 2004					
his collection of information application. Confidentialist ubmitting the completed ap	ty is gov/med by 37 CFR 1.3 ty is gov/med by 35 U.S.C. plicat or form to the USPT			to obtain or retain a benefit by the lection is estimated to take 12 room the individual case. Any co	he public which is to file (and ninutes to complete, includir mments on the amount of ti	d by the USPTO to proces ag gathering, preparing, as me you require to comple			

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 07/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC